



2700 INVESTIGATIVE PROTOCOLS [CALEA 42.1.1; 42.1.2]

Officers encountering criminal cases where probable cause exists to make an arrest will do so. Information that officers develop shall be included in their initial reports, including pertinent information on all interviews and interrogations and evidence collected or observed. Some police incidents require follow-up investigation beyond the scope of the initial response, or require different investigative protocols. This chapter will detail specific protocols where necessary.

The Investigative Services Bureau (ISB) and other specialty units will maintain criteria for investigative follow-up within their units and will post call out criteria and contact telephone numbers via computer-accessible databases. Additionally, these units will establish case management control systems and procedures for maintaining investigative files.

2710 COMMUNICATIONS WITH INDIVIDUALS WITH HEARING IMPAIRMENTS

2711 General

It is the policy of the Tucson Police Department to furnish appropriate auxiliary aids and services when necessary to ensure effective communication with persons with hearing impairments. This includes qualified interpreters, note pads, written materials, and other effective methods of making aurally delivered materials available to individuals with hearing impairments.

A "qualified interpreter" is one who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Accordingly, an interpreter must be able both to sign to the individual who is deaf what is being said by the hearing person and to voice to the hearing person what is being signed by the individual who is deaf. Because a qualified interpreter must be able to interpret impartially, a family member or friend may not be qualified to render the necessary interpretation because of factors such as emotional or personal involvement or considerations of confidentiality. Additionally, although a "qualified" interpreter may be certified, a certified interpreter is not necessarily "qualified." Similarly, certification is not required in order for an interpreter to be "qualified."

Whenever a qualified interpreter is used to facilitate communication with a person with a hearing impairment, all reports shall include the name, address, and telephone number of the interpreter. All documents containing any written questions and responses between and among police officers and persons with hearing impairments must be treated as evidence and handled accordingly. A copy of the written questions and responses must be forwarded with the *Multi-Purpose Report*, and the originals must be placed into evidence.

2712 Obtaining Services

When an auxiliary aid or service is necessary to ensure effective communication, the Police Department will:

- provide an opportunity for an individual with a disability to request the auxiliary aid and service of his or her choice, and,

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- give "primary consideration" to the choice expressed by the individual. "Primary consideration" means that the Police Department must honor the choice, unless it can demonstrate that another equally effective means of communication is available, or that use of the means chosen would result either in a fundamental alteration in the service, program or activity or in undue financial burden.

This policy addresses those situations where a police officer, after consulting with the individual with a disability, determines that the services of a "qualified interpreter" are necessary to ensure effective communication. A list of available interpreter services is available through the CAD *TPD wiki*.

2713 Arrest of a Hearing Impaired Individual Where an Interview is Not Necessary

If an individual without a hearing impairment would have been arrested on probable cause without an interview, then a subject with a hearing impairment in the same situation does not need to be provided with a qualified interpreter. However, if an officer is unable to convey to the subject the nature of the criminal charges by communicating on a note pad or by using another means of communication, then a qualified interpreter may be required. In this case, the subject should be detained in the field or transported to a holding cell at the Department until a qualified interpreter arrives to effectuate the communication regarding the nature of the criminal charges. An individual with a hearing impairment shall not be booked into jail until effectively notified of the criminal charges against the person.

2714 Interview Needed to Arrest an Individual with a Hearing Impairment

If a police officer needs to interview a suspect with a hearing impairment to determine if there is probable cause to make an arrest, a qualified interpreter must be provided if the written communication is ineffective. When the services of a qualified interpreter are required to ensure effective communication, but the officer cannot wait until a qualified interpreter arrives, the officer must postpone the interview and possible arrest until the officer can make arrangements for a qualified interpreter to be present. Exceptions to this policy must be approved by a supervisor and thoroughly documented in a *Multi-Purpose Report*.

2715 Interrogating a Subject with a Hearing Impairment

If an officer cannot effectively inform the subject of the *Miranda* rights without the use of an interpreter, then the officer must secure the services of a qualified interpreter in order to communicate accurately the warnings to the subject prior to any interrogation.

An officer seeking to interrogate a subject with a hearing impairment must obtain the services of a qualified interpreter prior to any interrogation whenever an interpreter is needed for effective communication. The officer may proceed with the interrogation by using a note pad if:

- Exigent circumstances do not permit a delay in the interrogation of the subject;
- An interpreter cannot be located within a reasonable period of time;

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- Written communication between the officer and the subject was effective in conveying an understanding of the *Miranda* rights; and
- The subject specifically declines the opportunity to communicate through an interpreter.

However, if written communication becomes ineffective, for example, because the factual pattern is complex, because the subject is having difficulty communicating without an interpreter, or because the subject chooses to discontinue the interrogation until a qualified interpreter is present, the officer must discontinue the interrogation and wait until a qualified interpreter is present before continuing the interrogation.

2716 Issuance of a Non-Criminal Citation

If an individual without a hearing impairment would have been issued a non-criminal citation without having been questioned by the investigating officer, then a suspect with a hearing impairment in the same situation does not need to be provided with a qualified interpreter. However, if the officer is unable to convey to the violator the nature of the infraction by communicating on a note pad or by using another means of communication, then the officer may call a qualified interpreter to the scene, issue a warning rather than a citation, or choose to delay issuance of a citation until arrangements can be made, at a later time, for the suspect and a qualified interpreter to meet with the officer for a follow-up interview.

2717 Interviewing a Victim or Witness with a Hearing Impairment

If an officer is able to communicate effectively by writing questions on a note pad and having the victim or witness with a hearing impairment write his or her responses, then the officer may proceed with the interview using a note pad. However, if an investigating officer is unable to communicate effectively with a victim or critical witness by using a note pad or some other means of communication other than a qualified interpreter, then the investigating officer must provide the victim or critical witness with a qualified interpreter. Exceptions to this policy must be approved by a supervisor and thoroughly documented in a *Multi-Purpose Report*.

2720 INCAPACITATED ELDERLY PERSONS

2721 General

In cases where immediate medical attention is needed, officers shall ensure that medical attention is sought for the person. When any officer comes in contact with an elderly adult who is incapacitated (i.e., in need of immediate care) the officer will need to contact the agencies listed below before trying to contact the Public Fiduciary. Elderly in this context generally refers to people 65 years old or older.

- A guardian, family member, neighbor, boarding home, hotel
- Information and Referral
- Pima Council on Aging
- Adult Protective Services



If none of these agencies can help, then, after a supervisor has reviewed the situation, the Public Fiduciary will be contacted to obtain a court order. It is imperative that the Public Fiduciary be used only as a last resort.

2722 Supervisor Responsibilities

Before contacting the Public Fiduciary's office, an on-scene supervisor shall assure that the following information is obtained and documented:

- **Factual Basis**
 - A description of the current situation or crisis
 - A description of any other problems the individual may have
 - The person's present location and home address (if different)
 - The person's date of birth and other pertinent information (e.g., Social Security Number, Medicare number, etc.)
 - The person's religious affiliation, if any
 - The person's mental condition/capacity: give examples of memory impairment or impairment of decision-making abilities
 - Whether there is a possibility that the individual suffers from mental illness
 - Whether the individual is impaired by substance abuse
- **Medical Evaluation**
 - What, if any, medical problems exist or have been diagnosed?
 - Is there currently a physician present?
 - If there is no physician present, when the person was last seen, and by whom?
 - If not seen by a physician, can one get out to evaluate and testify to the evaluation?
 - Has there been a psychological evaluation? By whom?
- **Family-Significant Others**
 - Are there family members? If so, what efforts have been made to contact them?
 - Are there neighbors or others, and have they been contacted?
 - What is the current support system, if any?
- **Alternatives and Expectations**
 - Do they have an attorney or power of attorney?
 - Is there currently a Guardian and or Conservator?
 - Have respite placement resources (hotels, neighbors, friends, boarding homes, etc.) been exhausted?
 - Have other agencies such as Information and Referral, Kino Community Hospital, MAC Team, Adult Protective Services, Compass Healthcare, Traveler's Aid, Pima Council On Aging, etc. been considered?

2730 INTOXICATED PERSONS

It is the officer's responsibility to make the decision whether the intoxicated person needs police intervention. Clearly, police action is necessary if the person is so intoxicated that they represent a danger to themselves or others or if they are experiencing a valid medical emergency (e.g., alcohol withdrawal or alcohol poisoning). However, if the person is not in danger, is not

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endangering anyone else, and not breaking any laws, he or she will be allowed to go on his or her way.

Officers are to consider the following when dealing with intoxicated people who are posing a threat:

- Has the appropriate medical assistance been rendered?
- Will the person be accepted at Compass Health Care (formerly Gateway LARC)?
- Can a family member or friend take responsibility? Officers may transport the intoxicated person to a responsible person's house, if necessary.
- Can a physical arrest be made?
- If there are special considerations or if there are no resources available to deal with the intoxicated person, call a supervisor.

Officers may not book an intoxicated person in the Pima County Jail under the provisions of the Public Health and Safety statute. Officers shall not transport intoxicated people to the jail under that statute.

2731 Compass Health Care (CHC) Procedures [CALEA 1.1.3]

Compass Health Care (formerly Gateway LARC) is a private, non-profit corporation that provides services for those who exhibit symptoms of alcoholism. They provide short and long-term residential treatment, detoxification, emergency counseling, and aftercare for recovering alcoholics. Compass Health Care operates with a City contract to accept intoxicated persons who are referred to them for treatment by the Tucson Police Department.

Officers are reminded that:

- Alcoholism is not a crime.
- Compass Health Care will not accept alcoholics who are violent.
- Alcoholics must voluntarily submit to detoxification at Compass Health Care.
- Under some circumstances, Compass Health Care will accept individuals who otherwise do not qualify for admission, even though the person may be injured or sick.

Because of Compass Health Care's limited space, officers who intend to transport a person to the facility will do the following before transporting:

- If the person is unconscious or cannot be roused, call paramedics.
- Complete a warrant check. If the results are positive, appropriate disposition of the warrant(s) must be accomplished before the person is referred to Compass Health Care.
- Ask Communications to check on available space at the facility.
- If Compass Health Care has space available, the officer may transport the person to the facility. Compass Health Care will conduct a test to determine the blood alcohol content of the person to be admitted. Officers shall not leave until the person has been accepted into the facility. If the person's blood alcohol level is .40 or higher Compass Health Care facility will not accept the person for treatment. These individuals shall be transported to a hospital.

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- If Compass Health Care says they do not have space, the subject shall not be transported there.
- Officers shall not transport the person, approved or otherwise, to the vicinity of the Compass Health Care facility and release that person with the intent that he or she finds his or her own way to the facility.

2740 MENTALLY ILL [CALEA 1.1.3/ 41.2.7 a, b, c, d, e]

2741 General

It is the policy of the Tucson Police Department to handle incidents involving persons with mental illness and those in crisis with care and expertise, ensuring that such persons receive appropriate responses based on their needs. Diverting certain people away from the criminal justice system and towards treatment, whenever appropriate and available, is a desirable option. Whenever possible, patrol officers with special skills will be dispatched to provide direction and guidance during initial patrol response to incidents involving person in crisis or believed to be mentally ill. Documented entry-level training of agency personnel and refresher training at least every three years will be the responsibility of the training academy.

2742 Definition

- Crisis Intervention Team- Volunteer officers from each uniform patrol shift who have received specialized training to handle the complex issues relating to mental illness.
- Mental Illness- Substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life.
- Person with Mental Illness- Subject to emergency hospitalization because of the person's mental illness:
 - Danger to Self - represents a substantial risk of physical harm to themselves as manifested by evidence of threats of, or attempts at suicide or serious self-inflicted bodily harm;
 - Danger to Others - represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats placing another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
 - Persistently or Acutely Disabled - represents a substantial and immediate risk or serious physical impairment or injury to themselves, as manifested by evidence the person is unable to provide for and is not providing for their basic physical needs because of their mental illness and that appropriate provisions for such needs cannot be made immediately available in the community; or

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- Gravely Disabled - means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is not unable to provide for his basic physical needs.

2743 Procedures

Communications

- SO will obtain as much information as possible in relation to the call (i.e. suicidal, violent, injuries, weapons, suspect's behavior, medications, case manager, etc) and dispatch a police unit(s).
- It is preferred a Crisis Intervention Team (CIT) officer responds if available. (Officers will log in as a CIT officer).
- If deemed necessary, paramedics may be requested.

Responding Officer's Responsibility

- In cases where a person is under the influence of drugs or alcohol, and the officer(s) still believes the person requires emergency mental illness treatment, the officer(s) shall cause the subject to be taken to the authorized detoxification center for evaluation, and treatment if necessary. Persons requiring medical treatment should be taken to the closest hospital.
- In the event a person or member of a person's immediate family specifically requests the person be taken to a specific hospital for evaluation, the request may be granted. Officers should be aware that some medical conditions have symptoms, which mimic mental illness (i.e. stroke, diabetes, head injuries, dementia, etc). This is why Paramedics should be called to the scene.
- When a person with mental illness is taken into custody, the officers shall identify themselves and inform the person they are not under arrests.
- The officer will inform the person they are being transported to a mental health facility for examination and identify the facility by name.
- A case report shall be completed containing a complete description of facts concerning the voluntary or involuntary detention, as well as names, addresses and phone number of relatives and complainant or reporting witnesses.

Transportation of a Person in Crisis

- Any officer transporting a person to or from a mental health facility or hospital shall request a call number. If the person is in police custody, a case report must be made regardless of the means of transport (paramedic unit, private ambulance, etc.).
- When a person is determined to need an emergency evaluation, and the person refuses to be voluntarily transported, the transporting officer shall prepare a written or telephonic application. (ARS-36-524).
- Transporting officers must remain at the mental health facility until the facility staff can manage the person.
- When persons with mental illness are cooperative they may be transported in a police vehicle by an officer(s).
- Persons with a mental illness will not be transported in a police vehicle in any of the following circumstances:

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- When the mentally ill person is not cooperative and/or is a risk of injuring themselves. In such circumstance Paramedic's will be called to assist in restraining the person and to arrange for a private ambulance to transport if necessary.
- When a person has injuries, which may require medical treatment, Paramedic's will be called. If Paramedic's determine further evaluation and/or treatment is necessary, Paramedics will either transport or arrange for transportation of the person to a general hospital emergency department.
- When the person is violent, handcuffed, has leg restraints, has criminal charges pending, or at the request of the paramedics, and officer (CIT if available) should accompany the person being transported in the Paramedic unit/ambulance.

When criminal charges are pending, a uniform supervisor shall determine the need for a hospital guard.

2744 Non-Emergency Mental Illness

It is preferred a Crisis Intervention Team (CIT) officer respond if available.

- In cases where a person is obviously distressed or disoriented but not in danger, officers are encouraged to help link patients back to the treatment agency where they have been getting service. The following options are available:
 - If the person requests or agrees to transportation to a local mental health treatment facility for voluntary treatment, the officer will provide such transportation.
 - If previously under a doctor's care, attempt to have the doctor contacted.
 - Contact SAMHC (622-6000) for consultation.
 - For individual's not known to be actively in treatment, the officer should refer them to an authorized adult mental health facility.

2745 Revocations

- If a person fails to comply with a treatment plan or needs to be hospitalized, a medical director can rescind outpatient treatment.
- Request from a medical director may be oral or written.
- Officer does not need a warrant or court order if revocation is telephonic.

2746 Accessing Community Mental Health Resources

- Members of the MAC team may be contacted for consultation and if necessary, be called upon to provide direct assistance.
- Call for a CIT officer. These officers have received 40 hours of Crisis Intervention training and may be contacted as a resource.
- Refer to your Mental Health and Developmental Disability Resource Guide.

2747 Authority (ARS 36-525)

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Provides that peace officers shall apprehend and transport persons for emergency admission; may take an apparently seriously mentally ill and/or dangerous person into custody and transport for screening; are required to safeguard personal and real property of the person; are not subject to civil liability if acted in good faith.

2748 Securing Property

Officers seizing a person for evaluation are responsible for appropriately securing the person's residence, including those situations where forced entry was made. In cases where there is not a next of kin or guardian available, the Public Fiduciary's Office will be notified.

2749 Personal Security

In cases of violent or potentially violent subjects, officers are required to provide security and protection for people who must deal with the subject, including ambulance and hospital personnel. Officers shall remain at the hospital until their presence is no longer required by hospital personnel.

As is expected in all cases, officers will protect themselves from harm using that force reasonably necessary. Documentation shall include the degree of force required.

2750 MENTALLY ILL ADULTS

In situations involving mentally ill adults, officer may call the SAMHC- 622-6000) to discuss whether Mobile Acute Crisis Team (MAC Team) response to the scene would be appropriate.

SAMHC clinicians are available by phone at all times as is MAC team response in the field or evaluation at SAMHC's Crisis Center (2502 N. Dodge). Their response will be as a consultation only and does not relieve the officer of the responsibility of dealing with the mentally ill subject including making arrangements for the care of the individual, transporting them to an appropriate facility, etc.

When an admission has been authorized through contact with the treatment facility, the officer will assure that the subject is transported to the appropriate facility. When appropriate, mentally ill persons be handcuffed and transported in a screened unit. If the officer does not have a screened vehicle available, or if the subject is potentially violent, the officer may call for an ambulance for transportation. The officer will then follow the ambulance.

Voluntary committals shall be transported to the nearest hospital, unless they request a particular hospital. Transportation for voluntary mental health patients may be by police or ambulance service. Petitioned cases may be directed to the nearest hospital emergency room. This will enable officers to quickly access the nearest hospital for disposition of psychiatric cases. St. Mary's Hospital and Palo Verde Hospital coordinate with UPH at Kino Campus (formally Kino Community Hospital) in managing petitioned patients. Should there be any problems with this procedure, contact the emergency room at UPH at Kino Campus or contact the MAC Team.

2760 JUVENILES

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- It is preferred a Crisis Intervention Team (CIT) officer respond if available.
- Persons under the age of 18 will not be accepted in an adult mental health facility.
- All nonviolent and non-emergency juveniles considered to be mental illness cases shall be taken to a facility that provides for treatment of juveniles. Contact SAMHC (622-6000) for child emergencies if unsure of enrollment.
- An incident report is required. A juvenile report is to be completed only if a criminal complaint is signed or a criminal investigation is warranted.
- Whenever possible the parent/guardian shall be notified and should also accompany the juvenile to the facility.
- If the juvenile is being transported to PCJCC, SAMHC, and hospital; bag and transport all medications.

2761 Emotionally Disturbed Juveniles

The SAMHC Crisis Center or Mobile Acute Crisis (MAC) Team may be a resource for law enforcement personnel who must respond to the needs of emotionally disturbed juveniles. However, in neither setting can a SAMHC clinician assess a juvenile without the consent of a guardian. If there is no guardian available, it may be necessary to contact CPS who can assume temporary guardianship.

2762 Procedures for Requesting Assistance with Emotionally Disturbed Juveniles

When the decision has been made to seek an emergency evaluation of a juvenile, SAMHC will be contacted. The staff will be telephoned by the officer involved with the incident so the on-call staff member can make a determination on the proper course of action to take and coordinate the evaluation of the juvenile.

SAMHC personnel can respond to a situation in the field, although it may be preferable for the family or an officer to transport the juvenile to the crisis center. In some situations transport of the juvenile directly to a hospital is most appropriate. Depending upon the circumstances, it may be appropriate to call a private ambulance for the transportation. If possible, such transportation will be arranged through the family. When SAMHC staff conduct the evaluation and a juvenile exhibits violent behavior, or may potentially become violent, SAMHC personnel may request that an officer stand by during the evaluation process. When this occurs, officers shall comply with the request.



2770 EMERGENCY TELEPHONIC ADMISSION

2771 Criteria

The criteria for initiation of an emergency telephone admission to a mental health facility are that the person, as a result of a mental disorder, is a danger to self or others, and that the person, if not hospitalized immediately, is likely to suffer substantial bodily harm or to inflict substantial bodily harm to another. An emergency petition can only be obtained for an emancipated minor (A.R.S. 12-2451). For all other juveniles, consent of a guardian is required. If hospitalization is needed and the guardian refuses, contact CPS.

Officers may decide that the criteria have been met on the basis of either their own observations or the observations of another person who witnessed the actions of the individual in question. In both cases a first line supervisor shall be contacted. The supervisor must concur with the officer's evaluation before the admission procedure can begin.

2772 Procedures for Requesting Admission

When the decision to seek emergency admission has been made and approved by a supervisor, the hospital where the patient is going to be taken shall be telephoned. The person making the call must be able to relate the facts of the situation and the behavioral acts of the subject. If not personally making the call, an officer must be in the presence of the person making the call. If an officer does not personally make the call, the officer present during the call shall speak to the psychiatrist on call and verify the admission approval before the call is completed. The person calling the hospital shall state that an emergency exists and shall ask to speak to the psychiatrist on call. In some cases, the evaluation for admission will have to be conducted by the emergency room physician with the help of the psychiatrist on call. If a doctor is not immediately available, a telephone number shall be left for the doctor to call. The psychiatric social worker does not have the authority to approve an emergency admission and shall not be contacted for that purpose.

If the psychiatrist on call or emergency room physician does not call back, or the psychiatric social worker insists on becoming involved, the officer will contact either the SAMHC or the Chief of Psychiatry for UPH at Kino Campus. During non-working hours, the hospital operator will be able to contact the UPH at Kino Campus Chief of Psychiatry at home.

A witness to the subject's behavior will be directed to respond to the hospital to assist in completing and signing the petition for evaluation. Officers will not complete the evaluation unless they have the necessary information and no other witnesses are available.

2780 COURT-ORDERED COMMITTALS [CALEA 74.2.1]

2781 General

A judge may issue an Order for Custodial Evaluation, which is valid for 14 days, or a Petition to Revoke Outpatient Treatment and Order to Transport, which is valid for 90 days. Both orders are intended to ensure that mentally ill persons receive the medical care that they need. These orders carry greater precedence than felony warrants and will be served as expeditiously as possible.

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2782 Records Responsibilities

Mental health court orders are faxed to the Records Section from Superior Court. The Records Section will enter the order into the computer, fax the order to the appropriate Field Division and retain a copy of the order for confirmation purposes. The Records Section is also responsible for transmitting completed Arizona Superior Court Notice of Service forms to Superior Court. Records shall purge the court order when the time period expires if service has not been made.

2783 Court Liaison Responsibilities

The court liaison unit is responsible for picking up the hard copies of the court orders from Superior Court on a daily basis, excluding weekends and holidays. This paperwork is delivered to the Records Section.

2784 Operations Division Responsibilities

Upon receipt of the faxed order from Records, an on-duty Division supervisor will immediately enter the information into the Division logbook. Each Division is responsible for maintaining its own committal logbooks and the requisite paperwork. *The Order for Custodial Evaluation Tracking Form* (TPD 2351) is available on the share-drive and shall be kept with the Division logbook.

2785 Field Sergeant Responsibilities

Upon receipt of a court order, under a sergeant's direction, at least two officers will go to the person's location. If after a thorough investigation the person is not located, officers will make periodic checks as time permits. These checks will include friends, family and known hangouts. Unsuccessful attempts will be documented on a *Miscellaneous Incident Report* (MTC). If the order is not served it will be passed to an on-coming sergeant for service. The Division log will be updated to indicate these changes in assignment and the status of the order.

A sergeant shall make the decision that service will not be possible due to one of the following:

- Unable to locate the individual.
- No viable leads.
- The time limit has expired on the order.

The reason shall be written in the Division log and also documented on the tracking form (TPD 2351).

If another Division serves the court order, this will be noted in the originating Division's logbook. The field sergeant who was given responsibility for serving the order shall be advised of the service.

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2786 Service of the Order

When the person is located, the order shall be confirmed through Records. The person will be transported to the listed mental health facility. Two copies of the court order will be necessary; one to serve on the person and one to leave with the hospital. A *Multi-Purpose Police Report* documenting the details of the incident and an *Arizona Superior Court Notice of Service* form shall be completed and turned into the Records Section. (The *Notice of Service* form should be a part of the packet originally faxed from Superior Court. So that the form will be available when necessary, copies are to be maintained at the Division level in the logbook.) The UCR classification of the reports will be "Civil Matter/Court Order Enforced" (54.01).

If another Division serves the court order, they shall advise the Division which was originally given responsibility for the order. This will be noted in the logbook and the appropriate field sergeant shall be notified.

2790 PATIENTS AWAY WITHOUT LEAVE (AWOL) FROM A HOSPITAL

2791 General

Under ARS Title 36 commitment statutes, police officers may be contacted for assistance in facilitating the return to the hospital of patients who have gone AWOL. The nature of requested intervention would vary according to the status of the patient.

2792 Previously Voluntary Patients now Considered Dangerous

If there exists significant concern for the patient's safety or the safety of others in the face of an AWOL incident, police may be asked to intervene in accordance with the procedures set forth for an emergency admission by telephone. Note that the patient need not be present in order to initiate an emergency admission by telephone. Once authorization has been received, officers then have the legal authority to search for the patient and transport the patient to the specified hospital for evaluation.

2793 Patients under Court Order for Evaluation or Treatment at an Inpatient Facility

Police officers will be notified if such a patient goes AWOL. In these cases, the officer will be requested to return the patient to that facility for completion of the court ordered evaluation or treatment. Such requests may be made verbally, with responding officers provided a copy of the existing court order upon return of the patient to the designated facility.

2794 Revocation of Patient's Conditional Outpatient Order

Title 36 commitment statutes provide the Hospital Medical Director with an option for outpatient treatment as an alternative to inpatient commitment under court order, for patients who are considered appropriate for such a plan. Periodically, such patients will become non-compliant with the outpatient plan and require hospitalization on an urgent or emergency basis. Provisions exist in the commitment statutes for revoking such a treatment plan under the verbal authorization of the Hospital Medical Director in communication with peace officers.

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Personnel from an inpatient treatment facility may contact the police when it becomes necessary to revoke the Director's Conditional Outpatient Treatment Order and hospitalize a patient who has previously been court ordered for inpatient treatment, but has been treated as a conditional outpatient.

Police will be provided with the date of the commitment order, the basis of the commitment, the name of the committing judge or commissioner, a physical description of the patient, the approximate location of the patient, a description of the patient's current mental status and potential for resisting an officer and any other pertinent information that is available.

Officers may be dispatched to locate, apprehend and transport the patient back to the hospital for further evaluation and treatment.

If the patient is not found immediately, the request for apprehension will remain valid for the duration of inpatient commitment from the date of the patient's hearing.

When the patient is returned to the hospital, officers will be provided with copies of the original court commitment order and the Conditional Outpatient Treatment Order, which is being revoked. As with other commitment procedures, officers will make every effort to secure the patient's home and property before leaving the scene. All information shall be documented in a *Multi-Purpose Report*.